

STATE OF NEW HAMPSHIRE
FULL TIME DENTAL ACTIVE EMPLOYEE TROOPERS
STATE & EMPLOYEE CONTRIBUTION CHART
 Effective 1/1/2014

11/26/2013 3:08 PM

DENTAL EE CONTRIBUTION			DENTAL ER CONTRIBUTION		W RATE
	<u>26 PP</u>	<u>ANNUAL</u>	<u>26 PP</u>	<u>ANNUAL</u>	<u>TOTAL</u>
HL-1: 1 PERSON	\$2.00	52.00	\$16.88	\$438.88	\$490.88
HL-2: 2 PERSON	\$2.00	52.00	\$34.12	\$887.12	\$939.12
HL-3: 1 FAMILY	\$2.00	52.00	\$61.25	\$1,592.50	\$1,644.50

MONTHLY WORKING RATES	
DN-1: 1 PERSON	\$40.90
DN-2: 2 PERSON	\$78.26
DN-3: FAMILY	\$137.04

DELTA DENTAL

EMPLOYEE SHARE (321A/322A) NEW										
COMPANY-STATE SHARE (3023)					EMPLOYEE SHARE (321A/322A) NEW					
<u>WEEKLY</u> <u>HRS</u> <u>RANGE</u>	<u>TYPE</u>		<u>PLAN</u>	<u>AMT PER</u> <u>26 PP</u>	<u>TYPE</u>		<u>PLAN</u>	<u>AMT PER</u> <u>26 PP</u>		
FULL TIME		DN		1	\$16.88		DN		1	\$2.00
FULL TIME		DN		2	\$34.12		DN		2	\$2.00
FULL TIME		DN		3	\$61.25		DN		3	\$2.00